

Central Intelligence Agency



Washington, D.C. 20505

Ms. Desiree Salomone  
411A Highland Avenue  
Somerville, MA 02144

Dear Ms. Salomone:

On 13 November 2018, the office of the Information and Privacy Coordinator received your 13 November 2018 Privacy Act (PA) request, submitted electronically through our website, for information on yourself. We regret that we are unable to accept electronic PA requests at this time. Therefore, please re-submit your request through the mail or via fax. Our mailing address is:

Information and Privacy Coordinator  
Central Intelligence Agency  
Washington, DC 20505

Our fax number is 703-613-3007. We have enclosed our Privacy Act-Certification of Identity form for your convenience.

Sincerely,

A handwritten signature in black ink, appearing to read "Allison Fong", with a long horizontal stroke extending to the right.

Allison Fong  
Information and Privacy Coordinator

Enclosure



Central Intelligence Agency  
Information and Privacy Coordinator  
Washington, DC 20505 Fax (703) 613-3007

## PRIVACY ACT - CERTIFICATION OF IDENTITY

**Privacy Act Statement:** In accordance with 32 CFR Section 1901.13 personal data to identify the individual submitting requests by mail or by electronic means under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this form is to ensure that the records of individuals are not wrongfully disclosed by Central Intelligence Agency (CIA). Requests will not be processed if all of this information is not furnished. False information on this form may subject the requester to criminal penalties under 5 U.S.C. Section 552a(i)(3).

Your Full Name (Last, First, Middle) – Mr/Mrs/Ms: \_\_\_\_\_

Any Other Names Used? \_\_\_\_\_

Your Current Mailing Address & Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth (City and State): \_\_\_\_\_  
Month Day Year

### CITIZENSHIP STATUS<sup>1</sup> (Please Check One)

\_\_\_\_ US Citizen Social Security Number<sup>2</sup> \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Other Country: \_\_\_\_\_  
OR

\_\_\_\_ Naturalized Citizen as of \_\_\_\_/\_\_\_\_/\_\_\_\_ Naturalization #: \_\_\_\_\_  
Month Day Year  
OR

\_\_\_\_ Permanent Resident Alien as of \_\_\_\_/\_\_\_\_/\_\_\_\_ PRA # \_\_\_\_\_  
Month Day Year

Specific Records of Interest: \_\_\_\_\_

**Authorization to Release Information to Another Person:** This section is to be completed by a requester who is authorizing information relating to him/herself to be released to another person. Furthermore, pursuant to 5 U.S.C. 552a(b), I authorize the CIA to release any and all information relating to me to the following:

\_\_\_\_\_  
Print name and address to who records should be released

**Statement Under Perjury:** I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> Individual submitting a request under the Privacy Act of 1974 must be "a citizen of the United States or an alien lawfully admitted for permanent residence", pursuant to 5 U.S.C. 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted for permanent residence.

<sup>2</sup> Providing your Social Security Number is voluntary. You are asked to provide your Social Security Number only to facilitate the identification of records relating to you. Without your Social Security Number, we may be unable to locate any or all records.